

RESPONSE, TRANSMITTAL LETTER (IN TRIPLICATE), CERTIFICATE OF MAILING FOR:

Attorney Docket No.: Applicant: Serial No.:

C4007(C) Hage et al. 09/650,134

Filed:

August 29, 2000 COMPOSITION AND METHOD FOR BLEACHING A SUBSTRATE Y2-0187-UNI

FOR:

CUMUS NO.:

JUL 0 2 2GC2

Group: 1751

Examiner: Gregory R. Delcotto

Date Mailed: June 27, 2002

DEC 0 9 2002

CERTIFICATE OF MAILING

hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to:

"Assistant Commissioner for Patents, Washington, D.C. 20231"

on DECEMBER 4, 2002 1

MILTON L. HONIG

Reg. No. 28,617 Attorney for Applicant(s) DECEMBER 4, 2002

Date of Signature

Washington, D.C. 20231

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Customer Number:

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Attorney Docket Number:

C4007(C)

Applicant:

Hage et al.

Serial No.:

09/650,134 August 29, 2000

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COMPOSITION AND METHOD FOR BLEACHING A SUBSTRATE

UNUS No.:

Y2-0187-UNI

Group: 1751

Examiner: Gregory R. Delcotto

Edgewater, New Jersey 07020

December 4, 2002

Commissioner for Patents Washington, D.C. 20231

Sir:

Transmitted herewith is a RESPONSE AFTER FINAL ACTION in the above-identified application.

[X] No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED

	(2) * Claims Remaining After Amendment		(4)** Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims	_	Minus			\$ 18.00	
Independent Claims		Minus			\$ 84.00	
Multiple Claims					\$ 280.00	
TOTAL ADDITIONAL FEE		\$				

^{*}If the entry in Column (2) is less than the entry in Column (4), write "0" in Column (5).

[] Charge \$_____ to Deposit Acct. #12-1155. Triplicate copies of this letter are enclosed.

[X] The Commissioner is hereby authorized to charge any additional fees, which may be required to our deposit account No. 12-1155, including all required fees under

[X]_37 C.F.R. § 1.16;

[X] 37 C.F.R. § 1.17;

[X] 37 C.F.R. § 1.18.

Triplicate copies of this letter are enclosed.

MLH/sm (201) 840-2403 Milton L. Honig Attorney of Record Reg. #28,617

^{**}If the "Highest No. Previously Paid For" is less than "20," write "20" in this space.